

## **Incentives and Alerts for Improving Performance in Washington State: Results of Online Survey on Experiences with Alerts**

The first quarter of the Incentives and Alerts for Improving Performance in Washington State study ended on December 31, 2013. In January, DBHR conducted an online survey of providers who are receiving alerts to gather feedback on their experience with the alerts. We wanted to learn how useful the alerts are to you and other providers and how we can improve on them. Fifty providers responded to the survey. We greatly appreciate all participants' response to the survey.

Generally, most of you have reviewed your alerts regularly (80%) and most of you have found the alerts to be helpful (76%). A number of reasons were offered as to how the alerts have been helpful including: usefulness in tracking clients' service utilization and keeping on track, provision of information so no need to access databases for the information, and informative tips on how to engage clients and improve treatment.

This report summarizes the suggestions from you and other providers regarding how to improve the alerts and DBHR responses to these suggestions. Specific ways that providers have found the alerts to be useful are presented at the end of this report.

### ***Suggestions for Improvement***

The responses to the question regarding how the alerts could be improved to be more useful to you and your agency fall into seven general categories:

#### **1. Comments about limited usefulness due to delayed entry of TARGET by the agency**

There were 5 comments in this category such as: "Target data isn't entered quickly enough to make the alerts helpful." and "The alerts are fine but the agency has not changed how our TARGET activities are entered. Therefore, there is a significant delay and it is not real time."

##### **DBHR COMMENT:**

TARGET Data is only useful to this project if it is entered into the system in a timely fashion. It is recommended that, for this project, TARGET data be entered at least once every seven days. Daily TARGET entry is ideal. If your agency struggles with TARGET data entry in a timely fashion, there are options recently opened up to your agency that may assist:

- DBHR recently opened up the ability to become a TARGET data entry person for free and with only minimal registration requirements. The increased number of persons to enter TARGET data could increase the ability to enter TARGET data in a more timely process. Here is the website for accessing TARGET - <http://www.dshs.wa.gov/pdf/dbhr/da/target/Accessing%20TARGET2000.pdf>
- Your agency could perform a walkthrough of the TARGET data entry process and identify other problems in the process or inefficiencies which prolong the TARGET data entry process. See this tip on eliminating unnecessary paperwork from NIATx - <http://www.niatx.net/PromisingPractices/Show.aspx?ID=45&SPNID=32>

## 2. Comments about the complexity of the alerts

There were 5 responses in this category:

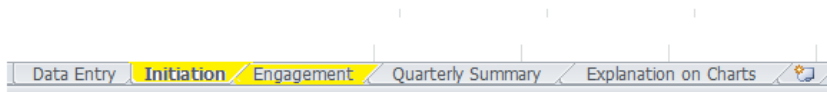
- Less complicated maybe a better summary statement or better explanation of what everything means?
- Just don't fully understand all the graphs and data.
- Be easier to read, give information that is not being done, suggestions to improve
- They do not appear to be accurate or I am just reading them wrong.
- I think a condensed version would be more appropriate

### **DBHR COMMENT:**

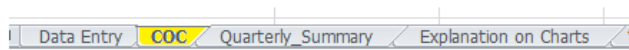
Admittedly, there is a lot of information in the EXCEL alert file. It has come to our attention that some recipients are not aware that the EXCEL alerts have multiple tabs.

The most important information provided in the alerts is the listing of clients. These client lists can be found on the tabs highlighted in **yellow**. The information provided on those sheets couldn't be simpler: a list of names of clients who are at risk of missing an important performance deadline.

EXCEL tabs in the OP alert report



EXCEL tabs in the Residential and Detox alert report



Understandably, people have different levels of comfort with graphs and charts. The charts included in the alerts were designed with provider input to allow providers to quickly get a sense of how they are performing with respect to these measures. Please, if you don't understand the charts, call Kevin Campbell at 360-725-3711.

### **DBHR ACTION:**

Now, when an EXCEL alert is opened, the first page displayed will be the listing of clients at risk of missing a performance deadline.

## 3. Comments about limited usefulness for small providers

There were 3 comments in this category:

- I'm in a small county where the numbers of assessments or intakes to treatment don't reach a threshold that provides any useable data.
- Unsure. Alerts received by this agency always said "no data available".

- We are never given any data because we don't meet the threshold. I don't see the point of this at all.

**DBHR COMMENT:**

As previously stated, the most important information provided in the alerts is the listing of clients. Sometimes, at the time the alerts are generated, there are no clients at risk of missing a performance deadline. In those instances, DBHR would do one of the following:

- a) If the provider had served less than 10 clients in the current quarter and there were no clients at risk of missing a deadline, the ""no data available" email would be sent.
- b) If the provider had served 10 or more clients in the current quarter and there were no clients at risk of missing a deadline, an email with the EXCEL file would be sent but – of course – there would be no listing of client names in the file. Performance charts would be in the file to allow providers to review their overall performance.

**DBHR ACTION:**

We understand that a) sending an email stating that “no data is available” or b) sending a file containing performance charts but no action items (i.e., clients to target) may contribute to inbox overload. From now on, we will only send alerts/emails when a provider has clients at risk of missing one of the performance deadlines.

**4. Want Less frequent Alerts**

There were 3 comments in this category.

- I don't think I need as many alerts as they are currently sending.
- Perhaps monthly instead of weekly?
- Would like to ONLY get an alert if I fall below my benchmark.

**DBHR COMMENT:**

Performance deadlines fall within 14 days of admission (for OP) or 14 days of discharge (for Residential and Detox). If alerts were provided at less than weekly intervals, the performance deadline would have already passed by the time the alerts were generated.

The purpose of the alerts is not to help agencies achieve specific “performance benchmarks”. The focus of the alerts is on continuous quality improvement, on insuring that as many clients as possible reach these critical treatment milestones.

**DBHR ACTION:**

As stated in response to item #3 (see above). From now on, we will only send alerts/emails when a provider has clients at risk of missing one of the performance deadlines.

**5. Recommended improvement in alert structure**

There were 5 comments in this category.

- If client names or identification could be included

**DBHR COMMENT:** When an agency has client at risk of missing a performance deadline, client names are always provided on the “Initiation” or “Engagement” tab for OP or the “COC”

tab for residential and detox (see item #2above). Previously, providers might have received an alert that contained charts but no list of names. This happens when no clients are currently at risk of missing a performance deadline. We thought that providers appreciate the charts to track their progress even though there were no clients to target.

**DBHR ACTION:** From now on, we will only send alerts/emails when a provider has clients at risk of missing one of the performance deadlines.

- Birthdates with client names

**DBHR COMMENT:** Client names are sufficient to look a client up in TARGET. Birthdates would only be useful in the very rare instance that a provider is serving 2 clients with the same first and last name.

- For the days our agency is closed to be considering when the deadline on meeting expectation the client's initiation and/or engagement. (I.e. excluding weekends and holidays.)

**DBHR COMMENT:** This respondent may be suggesting that when a deadline falls on a day that the agency is closed, we push the deadline forward to the next workday. Unfortunately, these are standardized measures that have been shown to be predictive of a variety of outcomes as they are specified. Modifying these empirically established standards would undermine the value of this study.

- Not use .dat file extensions in email/attachments

**DBHR COMMENT:** We are not sure if the respondent a) wants the attachment to have a .dat extension or b) was trying to open the EXCEL attachment in an operating system/mobile device that does not recognize Windows EXCEL files. In order to view the attachment, the provider must have access to MS EXCEL.

- I'd like to have our tx supervisor receive the results as well. Thank you.

**DBHR COMMENT:** Agencies were asked to provide us with the email(s) of staff that were selected to receive the alerts. We will send alerts to any staff; simply send an email to Kevin Campbell ([CampbKM@dshs.wa.gov](mailto:CampbKM@dshs.wa.gov)) identifying the staff member who would like to receive the alerts.

**DBHR ACTION:** Respond to agency requests.

## 6. Agency has other priorities

There was 1 response in this category:

- The notifications I received were info only as our agency was not a part of the incentive program. There was little impetus to give them more of a cursory nature due to other time restraints and obligations.

**DBHR COMMENT:**

As previously stated, the focus of the alerts is on continuous quality improvement, on insuring that as many clients as possible reach critical treatment milestones that have been shown to correlate with a variety of outcomes.

## 7. Other Suggestions:

There were 3 responses in this category:

- They didn't pertain to our agency as we didn't have clients enrolled in the program we received the alerts for (DBHR once received a call from an agency with the same complaint).

### **DBHR COMMENT:**

If any agency feels that they are receiving information about clients they have not recently served, I urge them to call Kevin Campbell and 360-725-3711. We have received a couple calls from providers who felt the clients listed on the alerts were not being served by their agency. Upon investigation we discovered that the clients were not currently being served at the agency. Specifically, an OP client was identified as "pending engagement" but the client had been discharged (and no longer "enrolled" in the program). Even though a client has been discharged, the agency will get credit towards initiation/engagement if the client is readmitted to any treatment agency during the initiation/engagement time frame. We continue to list clients on OP agency reports to encourage agencies to either a) re-establish a therapeutic relationship with the client or b) facilitate the transfer of client care to another treatment agency.

- I have not received alerts for the last two weeks

### **DBHR COMMENT:**

If any agency feels that they are not receiving alerts, I urge them to call Kevin Campbell and 360-725-3711. Bear in mind that when recipients have turned on their "out of office" automatic email, the alert is often kicked back as undeliverable.

- I do not understand the purpose of this. While I acknowledge I have given little effort to this, I do not believe it purpose and its goals have been articulated very well.

### **DBHR COMMENT:**

Prior to launching the study, providers were sent multiple emails inviting them to presentations as the Co-occurring Conference in Yakima as well as to webinars hosted by DBHR. Additionally, they were informed of a website dedicated to this study ([http://www.dshs.wa.gov/dbhr/incentives\\_project.shtml](http://www.dshs.wa.gov/dbhr/incentives_project.shtml)). Providers are also encouraged to call Kevin Campbell and 360-725-3711 with any questions.

## ***What Providers Found To Be Useful About Alerts***

The following are some of the ways that providers have found alerts to be useful:

### **1. Tracking clients**

- They let us know which clients are not showing up for needed services/ not engaging in services
- They make us aware of deadlines for timely initiation and engagement for admitted clients
- Being made aware of who needs outreach efforts
- It alerts management about drop offs in service to an individual

**2. They help in tracking rates and trends:**

- Statistics are seen for individual clients
- Seeing my agency's rate from week to week is very useful
- Helpful to track service utilization and engagement rates

**3. Help to identify gaps in the process or system:**

- Keep leadership aware of potential lapses in services
- Awareness of lag time in data entry to TARGET
- Use at staff meetings to encourage staff to keep clients engaged in treatment
- Take steps to identify changes that can be made in our program to improve care to clients

**4. Help with monitoring clients**

- Alerts make it easier to be aware of client service utilization so we stay on track

**5. Helpful tips**

- Appreciate receiving tips on engaging/retaining clients in treatment

**Thank you again to everyone who participated in the survey!**

**DBHR & Brandeis team**